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CONFIRMATION NO. 7183

<b>SERIAL NUMBER</b> 09/637,138	<b>FILING OR 371(c) DATE</b> 08/11/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 2101329-991100	
<b>APPLICANTS</b> Brian Povolny, Burien, WA; Frith Maier, Burien, WA;  ** CONTINUING DATA ***** <i>none All</i>  ** FOREIGN APPLICATIONS ***** <i>none All</i>  IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ** ** 10/02/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>AL</i> Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Brian M Berliner Esq O'Melveny & Myers LLP 400 South Hope Street Los Angeles ,CA 90071-6000					
<b>TITLE</b> Interactive patient-provider data system and method					
<b>FILING FEE RECEIVED</b> 753	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		